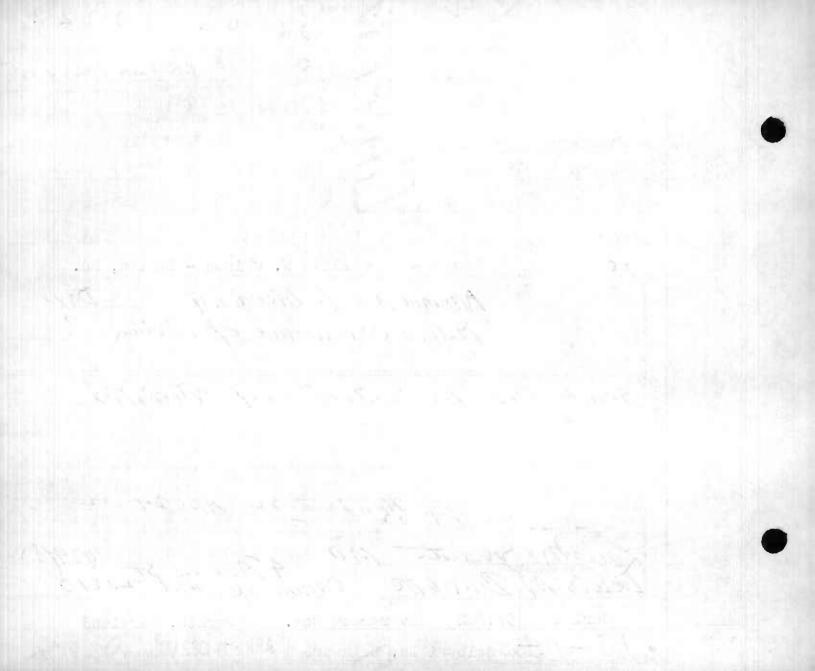
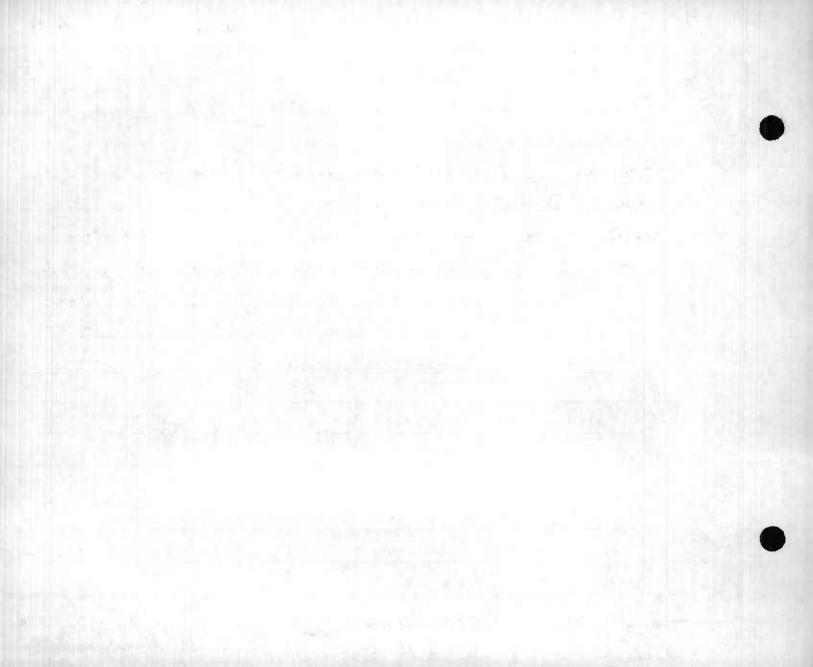
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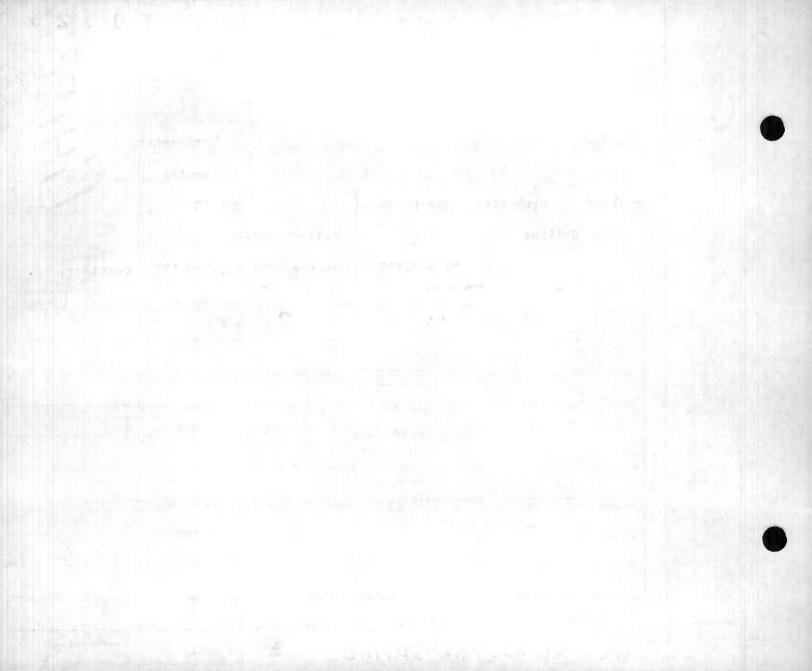


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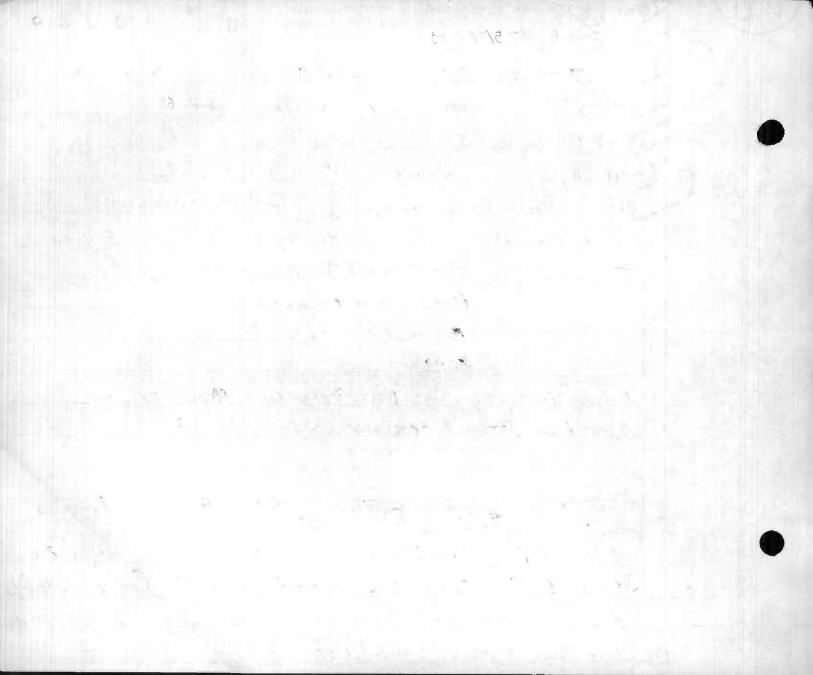
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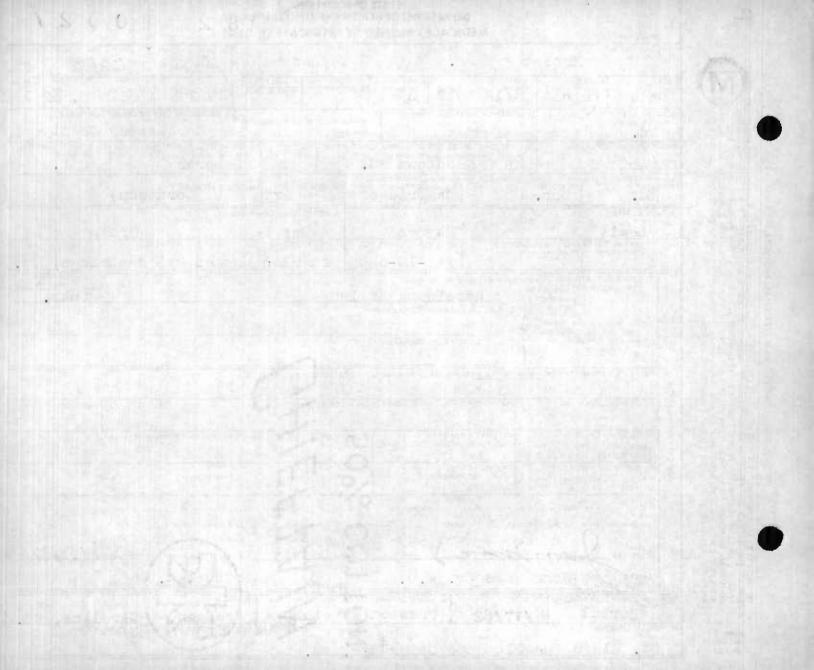
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<u> </u>		22d. PHYSICIAN'S NAME (TY)	S OR BRIDE	were h	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	- 129 Agree 06
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ed by the please in all, creative, or other		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
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bow r	CAT	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
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IN OF VITAL		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
PHYSICIA PHY	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION .	ATE
DIVISION DING PROCEST THE COST	8	WHILE NOT WHILE AT WORK	
TENDII ortol or TOR: A or use or or use of the off		220.1 certify that (i) this hospital) attended the deceased from 19 , 19 , that (i) we saw the deceased alive on 19 , and that in my) our opinion death accurred on the date and hour and from the couses state	ve) lost
		AZIL SIGNATURE DEGREE 221 DATE SIGNATURE	-
TAL OR A y the hos RAL DIREC detoched detoched oute Dept.		Devo D. Harle MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN H/2/82	
HOSPITAL ined by the FUNERAL wild be detern the Stote overtand:	1	224 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS	01-
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DHMH - 16 60M 1/75	24 FI	UNERAL DIRECTOR Cont. 250 DATE REC'D. BY REGISTRAR 156 BEGISTRAR'S SIGNATURE	141
(VR A 15 (4))	157	NAME ADDRESS APR 21 1997 Rama Quantlastle	



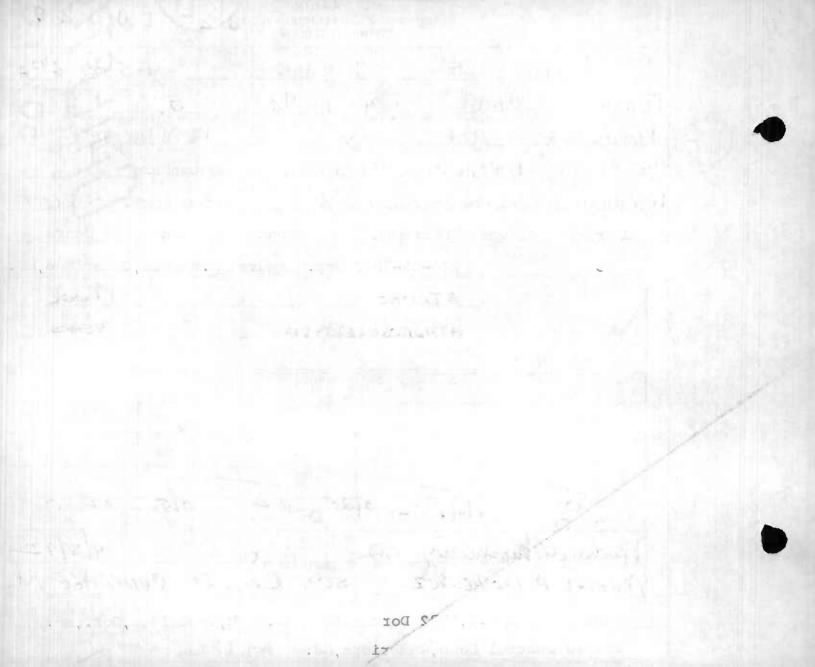
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۵	R: THIS CER DRWARDED DRWARDED :: PAGE 3 S STATE DEP 21201 PRIC	2	AT WORK	NOT WHILE AT WORK									CITI OK 10			.00111		JIAIL .
	FORW FORW DR: P. DR: P. DD, 212	100	22a. I certi	y that I taak ch	arge of th	ne remains desc	ribed obo	ve, held on	Autops	у 🔲 ,	Inspection	x,	Inquiry	X,	ond in my	pinion		
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	ICAL EXAL THE CERT SHOULD ERAL DIRE EATH, WIT RE, MARYL		SIGNATURE,	July	n	m	-	A	M.	o. Der	outy	MEDI	CAL EXAM	INER	SIGN	NED 4	/21/8	32
	MED CUTE FUNI FUNI FINO	-	EXAMINER'S	NAME JO	hn 1	lace J	r. 1	1.D.		ADDRESS_	Ca		idge,	Md.				
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	1-	FOR STATE REGISTRAR	FIRST		STA DEPARTMENT OF DICAL EXAMIN	HEALTH		ENTALH	FDEATH	KE	G. No.	0 %	8
为公司管理		CEASED NAME	ANNIE	MA	HALA (Jarret	t)HAY	WARD			OF ESTI- EATH MATE	D D L	-21-8;	2 PMM
	Fe Fe	male	White	S. DATE OF BIRTH	VEAR LAST BIRTHO			HOURS		DATE NOUNCED DEAD	April	21, 19	82 9PM
NEGES FUNER 5 FOR W PREST	FO	RTHPLACE (ST		U.S.A		8. MARR WIDOW	ED NEV	VER MARRIE	ED 🔲	altimore c DORCH	ESTER	INTY OF DEA	TH MD
O THE FICED, SPECIAL STATES		mbrid			PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) ster Gene		Hosp			OCCUPATION OF WORKING LIFE ET		ORIN	OF BUSINESS IDUSTRY
21201 ANY DG AND 3 T RETAIN FOULD E RECORD	13a. S1		13h COUN		ve residence before admiss 13c. CITY OR TOWN Crapo	ION)	13d. INSIDE CI	NO 🛣	13. STREET BOX		Crap	oo, Ma	aryland
BALTIMORE, MD. 21201 SS AFIER DEATH. IF ANY GIVE PAGES 1, 2, AND: ATH FORM PM 3: RETA MITH FORM PM 3: RETA MINISTON OCUTAL RECOI		THER'S NAME	am	MIDDLE R.	Jarrett		15. MOTHE Re	R'S MAIDE BECC	N NAME	MIDDLE		Wing	
ALTIMO AFTER D SIVE PAGES 1 , AGGES 1 , VISION O	16s. W	AS DECEASED	VEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	212-40-9		Miss	AANT	lie H		d, san	ne as	#13
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECE: EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNEF PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAM 3. RETAIN PAGE 5 FOR THE DEPARTMENT OF FUNEF PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH SHER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W PRINCE AND ARRYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	Condition gove ris couse (o) lying cou	ath was caused by MEDIAT as, if ony, which the to immediate stating the under- se lost.	D BY: ITE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	for (a), (b), and (c).) COPORARY AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF			VI 1 (g).				N ONSET AND DEATH
VITAL RECC SHOULD BE SHOULD BE SHOULD BE CHIEF MED TO FHEAL! URIAL, CR	MEDICAL CERTIFICATION	19a. DATE OF			TION FOR WHICH OPER	RATION W	AS PERFOR	MED?				20 AUTO	_
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DIVIS HIS CER WRITIN VARDED VACE 3 SI ATE DEP	MED	21d. INJURY C WHILE AT WORK	NOT WHILE		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		СП	Y OR TOWN		COUNTY	STATE
WEDICAL EXAMINER: 1 CUTE THE CERTIFICATE, F.E. 4 SHOULD BE FORW L.E.R. DEATH, WITH THE SI; F.R. DEATH, WITH THE SI; F.R DEATH,		22a certific death resulted ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	ed fram: Notur	ral causes 🛣	n)	Autop	, Hamic	PECIFY)	Undetermi	equiry X, ned monner EXAMINER		1	3/82
	23c.B		TION, REMOVAL 2		73c. NAME OF CE	METERY C	R CREMATO	ORY	123d LOCA1	ION		c'h'est	er Md.
BP DHMH-17 (VR A15 ME (5)) 15M 2/80		neral direct	tor 'uneral	Home ADDRESS	308 High Cambridge	St. e,Md		250. DATE R	R 281		REGISTRAR	SIGNADA	arther

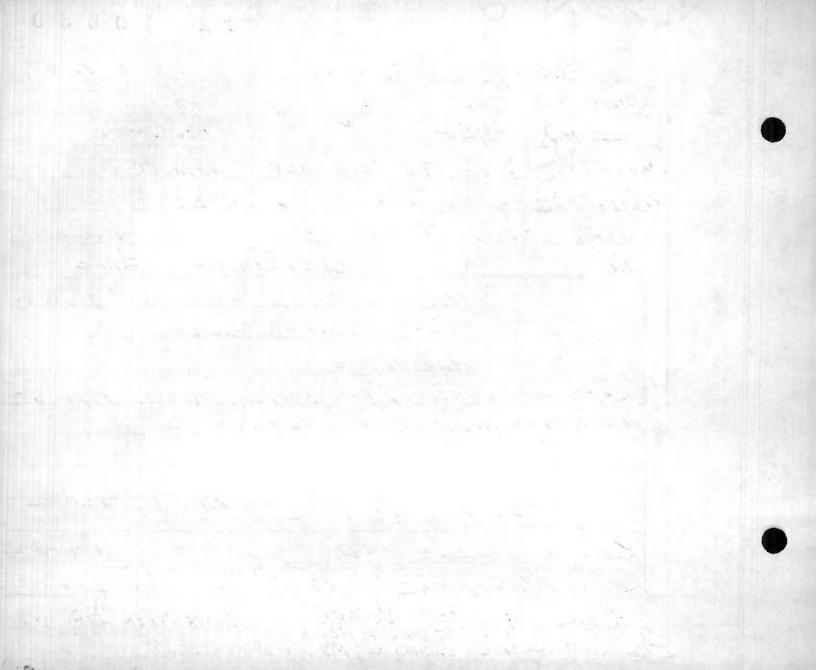
A BUT THE STREET WAS IN SECTION Charletto Marchaella The state of the s the same was the same and are a leader is the second of the bidge of another death a second of the second of th

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONT 26 HOUR TYPE IDEPAINT 4 RACE 1. SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Oliver Beard Dorothy Ann Horseman 17 INFORMANT IM WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 226-05-3849 Mrs. Margaret M. Hughes. Cambridge, Md. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY TROKE weak IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF ATHEROSCIEROSIS 4 EARS gave rise to immediate couve in stating DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, EARM: ETC.) CITY OR TOWN COUNTY STATE 22a | certify that (1) (this hospital) attended the deceosed from sow the deceased olive on abave. (1) (we) (did) (did not) view the bady after death. d that in (toy) (our) opinion death occurred an the date and hour and from the couses stated SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY Burial Dorchester Mem. Park Cambridge Dor. Apr. 7.1982 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Thomas Funeral Home, Cambridge, Md. (VRA 15 (4))

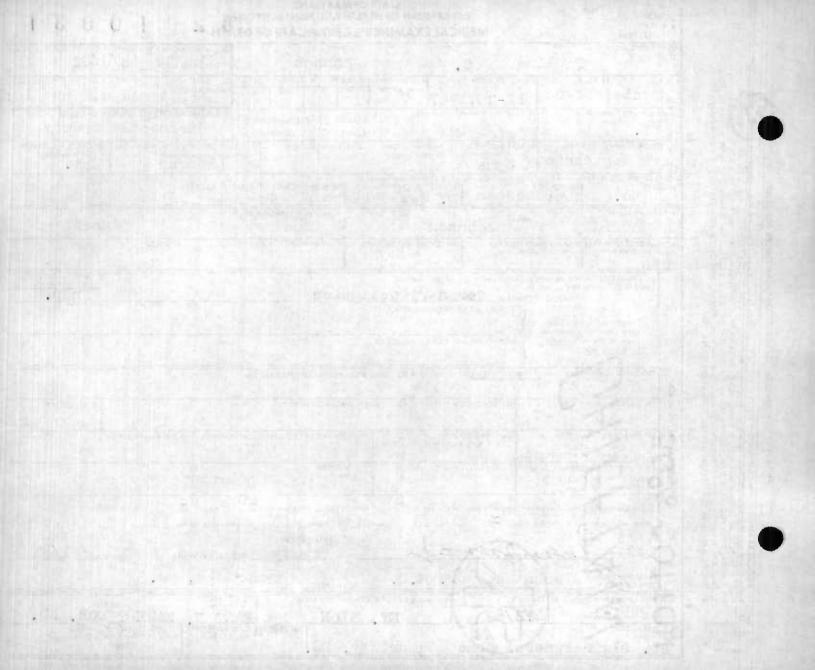


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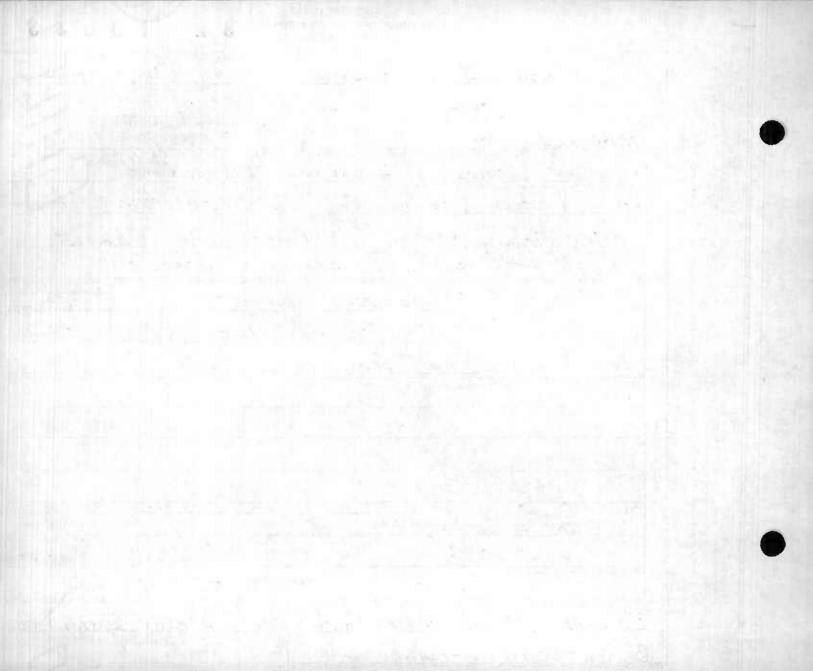


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SON SERVICE OC	Ea	st New	Market	11. NAME OF HOS (IF NOT IN SUCH FA HOME	CILITY, GIVE STR	REET ADDRESS)		ER INSTITU	JTION	FOR M	LOCCUPA DST OF WORKIN Labor	NG LIFE)	OF WORK	OR INDUST	JSINESS IRY
2	13a. S	Md.	13b. COUN'	rother institution, GR ry hester	13c. CITY C	DR TOWN		13d. INSIDE (NO [13e STRE	ET ADDRESS	5			
PE MD.		Edwar Edwar			nson	AST		Em	ER'S MAIDE FIRST 1M8	NAME	MIDE	DIE	CAn	nper	
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, FORGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21		22a. I certify death resulted ACTUAL SIGNATURE EXAMINERS M (TYPE OF PRINT	AME Tol	e of the remains described and causes X, and an Mace	Accident [, Suici	M.	, Hami	pecify)	Undeter	Inquiry of mined mann AL EXAMIN	er,	DATE SIGNED	14/21/	81
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15-15 CM. 5 GALLEY 19, 898 MA 519. Artento a Lagra Glarysa CARCELLOS CORCESTOS COMO LOS LA CARCELLOS CONTROLES CONT 3.00 picture of the contract of the The William And December of the State of the which a bids with the control of the control of the large that the Burrons roman Road, 208 Al Maris, Societies and Historia

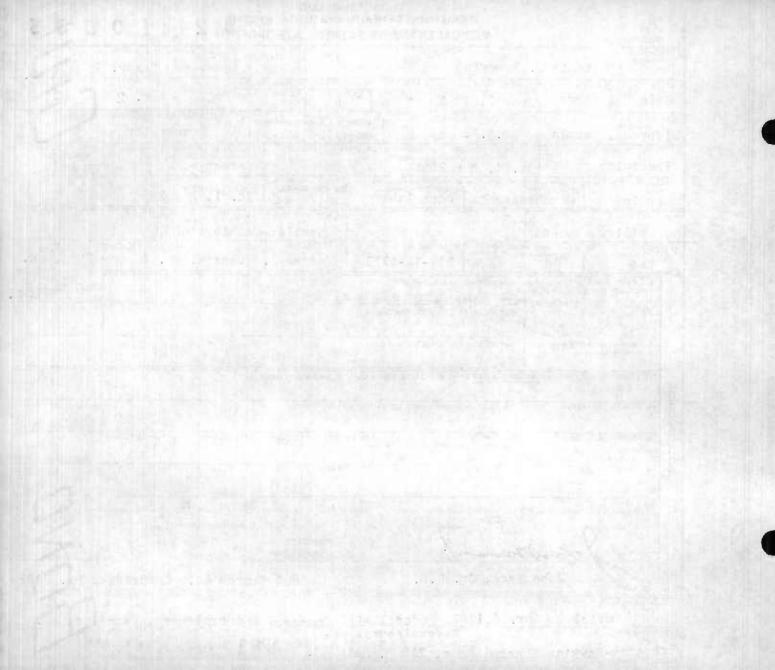
71	1	FOR - STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	GIENES 2 ()	1033
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TOR.		saw the deceased alive on	4/16 19	62 , and that in my (our) opinion	death accurred on the date and hour a	
IREC IREC hed the ept.		22b. SIGNATURE	view the bady ofter death.	DEGREE		22c. DATE SIGNED
etoc te Do		Ho	1 Dury	MA ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	4/16/82
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	18 CAUSE OF	DEATH (Enter onl. TH WAS CAUSED	y ane cause p	er line for (a), (b)), and (c).)							S-WILLIAM	Al	PPROXIMATE	INTERVAL
	1/4	IMMEDIAT	E CAUSE (o).	Corons			ion							hr	
	4/O	, if any, which	DUE TO	D, OR AS A CON	ISEQUENCE (OF .									
	gave rise	ta immediate	(b)_	D, OR AS A CON	ISEQUENCE C	٠.							+		
	lying cause		DOEIN	D, OR AS A CON	SEQUENCE)r									
	PART 2 OTHER SIGN	HEICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PAI	RT 7 (a).						
CERTIFICATION															
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	210. EXTERNAL UNDERLYING	OR	HOU	R A.M. MONTH	DAY YEAR	71c. HO	W INJURY	OCCURRE	D (ENTER NAT	URE OF INJU	RY IN ITEM 18	PART I OR PA	ART 2)		
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	death resulted	that I taak charge	of the remai			Autops		Inspection		Inquiry 3		nd in my as	pinian		
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F		18 CAUSE OF DEA	TH (Enter onfy	one cause per line										7	APPRO	XIMATE I	NTERVAL AND DEATH
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Т			5 0	(c)													
		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CON	ITRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMIN	NAL DISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 (a).							
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		UNDERLYING CONTRIBUTING	OR CAUSE OF DEA			DAY YEAR											
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n est		EXAMINER'S NAME (TYPE OR PRINT)	John	Mace i	r. M	.D.	A	DDRESS_		Camb	ridg	e.	Md.				
23	30.BU	RIAL, CREMATION,		DATE	23c. N	AME OF CEM					CATION			CO: 12.			
		Burial	The state of	Apr.22	.1982	Md.V	Tete	Cor	neter	Die Th	n a h (Th a -		COUNTY		STAT	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME FIRST 20 DATE OF DEATH (TYPE OR PRINT) 50 13 USSel 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS June 6.1904 BIRTHPLACE STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY NEVER MARRIED COUNTRY U.S. Dorchester Maryland WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dorchester Genl. Hospital Farmer Cambridge RDI PRESTON ST., BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Rural RD 1.Cambridge Md. Dor. Cambridge NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIODLE Smith Sue Daniel Henry Rue 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-36-0696-A Mrs.Frances S.Rue, Cambridge, Md. NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY Partic aneurysin Heavy Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause a CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Jee abox NO YES T NO I CCIDENT WAS UNDERLYING 21E HOW INJURY OCCURRED 716. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 2. and that in (my) (sor) opinion death accurred on the date and haur and from the causes stated saw the deceased alive or ew the body after death SIGNATURE DEGREE 22¢ DATE SIGNED × ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22e ADDRESS ld b 0 23c. NAME OF CEMETERY OR CREMATORY 730 BURIAL, CREMATION, REMOVAL 23b. DATE Burial STATE Apr.15,1982 East New Market BP Cem East New Nk 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 **ADDRESS** (VR A 15 (4)) Thomas Funeral Home Cambridge Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Nellie L. Elbert Stanley DEATH MATED 19 82 & AGE LINYEARS | IF UNDER 1 YR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS. 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED Female Negro March 21,1924 1982B 58 DEAD 76. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) East New Market. Dorchester Md. DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS JIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) OR INDUSTRY Cambridge Dorchester General Hospital Housewife. Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13b. COUNTY 13e. STREET ADDRESS Maryland Dorchester E. New Market YES 4 FATHER'S NAME S. MOTHER'S MAIDEN NAME MIDDLE LAST LAST John W. Elbert Madeline M. Elbert Mason 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 21631 DIVISION (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) No 220-05-0282 John H. Stanley, Box 62, E. New Market 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Few Lins. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) AS A CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? RDED TO THE CHES SHOULD BE USE DEPARTMENT OF PRIOR FOR BURNALL YES NOT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. ZIF LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK AGE 4 SHOULD OF THE STATE DIRECTOR: P 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion deoth resulted from Noturol couses Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE Cambridge. ADDRESS 604 TO TO 230 BURIAL, CREMATION REMOVAL 73c. NAME OF CEMETERY OR CREMATORY 23d. LÓCATION Market Cemetery E. New Market, Burial 250. DATE REC'AP REGISTRAR Federalsburg, Md. **DHMH - 17** Framptom-Hawkins Funeral Home, 216 N. Main St. (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN | S NECESSARY PLAN.
E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
E 1 FOR YOUR FILES. (TYPE OR PRINT) ESTI-28, 182 4:20 LENA April W. HOWARD THOMAS DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 2c. DATE 8 LAST BIRTHDAY) PRONOUNCED 5PM SEPT.10,1899 FEMALE CAU. 82 DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MARYLAND U.S.A. WIDOWED A DORCHESTER DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) CAMBRI DGE DORCHESTER GENERAL HOSPITAL HOMEMAKER 8. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3, RETAIN P. T. PAGES 1 AND 2 SHOULD BE DIVISION OF WITAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21613 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND DORCHESTER HUDSON Rt. 3(rural), Cambridge, Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GEORGE H. HOWARD SPEDDEN **EMILY** E. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b SOCIAL SECURITY NO Md. 21613 (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES Mrs. Alma Truitt, Rt.3, Box 339, Cambridge, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUNK SECURE THE CERTIFICATE, WRITING THE WORD, "PENDIOLG", IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNEMAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- RANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISALTIMORE, MARYLAND, 21,201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Pulmonary embolus nrs. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which L weeks Fracture right femur. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Fracture right femur YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL Slipped on toy of floor and fell, 1/2/ OP P.M. 21d. INJURY OCCURRED 2 R PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Home Cambridge. Md. F Dor. 22a. I certify that I took charge of the remains described above, held on Autopsy Accident XX deoth resulted from: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) Mr Denuty SIGNATURE MEDICAL EXAMINER John Mase Jr. EXAMINER'S NAME Cambridge. Md. TYPE OF RINT 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY burial Spedden-Seward Cem. Neck District BP 1982 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR Cambridge Me **DHMH-17** Md. MAY 4 (VR A15 ME (5) Curran Funeral Home, 308 High St. 15M 2/80

AUTERNOAUE -Rodensk Off A KE. SYMPHES, CIENTER, NO. J 1 1 and the trues, as. 1, box 339, Upin Ide - Outlies Types, 49 court in. Seek of your and the seek of the see LYAM . E . BELL ! Corre . . as to fine, Jun 193 bt., 2401

	1			STATE OF MARYLAND		
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	1 DI	CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH WONTH DAY	YEAR 26 HOUR
y be		IDA	MAE	WALKER	4/12/87	127/
ige 4 mo	3. SI	F	4 RACE CARC.	5 DATE OF BIRTH MONTH DAY YEAR 2 28 87	9-5 YES	DAYS HOURS MIN
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rs offer	3	CHMBRIDGE	ORCHESTER	454. 17031.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY HARPWARE OU
AND 21:	13a	STATE MD. 13b SO	OR OTHER INSTITUTION, GIVE RESIDENCE BEF UNITY 13c CITY OR TO DACHESTEL CAMBA		13. STREET ADDRESS OAKLEY	58.
RYLL within within a stelly d 2 sh	14.F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
MA Mangara	1	THO1418	D. CUAL	KER ADELIA		SURFOCUT
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the of the cemonic error trees		gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSEC	LIENCE OF	CARPIONASCI	24
by by ose		underlying cause last	(6)	UENCE OF ENERALIZED ALTERIA	DELEMONIC DUEA.	12 MANY YES
gned n ple		PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TER		IN PART 1(0)
RDS equi	O	CEREBRA	L INSUACICENCE	1 DUE TO CEREEN	EAL ARTERIOSILE	ROSS
SIVISION OF VITAL RECORDS, NG PHYSICIAN: The law require attending physician. The this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be the and Mental Hygiene prior to bracked or them 18 shows any injury or affect of them.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHAT	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, VIN CERTIFY!	WERE FINDINGS USED NG CAUSES OF DEATH?
VII. T nysici rcate ransi Hygish	3 8	710 ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2}
OF ICIA B Planter of the order	1 3	OR CONTRIBUTING CAUSE OF S	CAIN	19		
HYS nding his c bur or li	MEDICAL	21d INJURY OCCURRED	218. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVIS ING P In offer the os the os the one orked	2	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFIC	E. PARM, ETC.)	CITORIOWA	COUNTY
m of e A of m			pital) attended the deceased from		2 10 4/12 19	that (I) (we) fast
ATTEN Spital ECTOR d for us 1 of He m 21 is		sow the deceased alive a	on 4/12 19	ond that in (my) (our) opinion	death occurred on the date and hour o	and from the couses stated
OR A e hos ched Dept f ftem		226. SIGNATURE	1 lew me body offer death.	DEGREE		22c. DATE SIGNED
34 3825		Sheldd	Huelleaun	MA ATTENDING	MEDICAL STAFF	4-12-82
PITA be de		27 PHYSICIAN'S NAME (TYPE		22e ADDRESS	0	4.
TO HOSPIT. TO FUNER. should be d with the Sic		DONALD R. J	,	1.D. 308 GAY 3		re, Mp. 21613
	730.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	STATE
BP		UNERAL DIRECTOR	Typr. 10, 1385	Forest Lawn Ce	M. Norfolk	P.S. MENATURE VQ.
DHMH - 16 60M 1/75 (VR A 15 (4))	14.1	NAME	ADDRESS	APR	191987	TOKE
(+1) (-1) (-1)		Thomas Fur	eral Home Cam	bridge w		

